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Bib Data Sheet

CONFIRMATION NO. 9287

<b>SERIAL NUMBER</b> 09/758,912	<b>FILING DATE</b> 01/11/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2463 3626	<b>ATTORNEY DOCKET NO.</b> 2501.1004-001	
<b>APPLICANTS</b> David G. O'Dowd, Boston, MA; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/230,382 09/06/2000 <i>OK LN 12-28-04</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none LN 12-28-04</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 02/21/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Sena Najarian LN</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> David E. Brook, Esq. HAMILTON, BROOK, SMITH & REYNOLDS, P.C. <i># 21005</i> Two Militia Drive Lexington, MA 02421-4799					
<b>TITLE</b> Method for anonymizing patient identity and clinical samples					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		